streets and highways).[5] In addition, injury prevention priorities for a given location may differ across age groups and may change as the population ages. Thus policy decisions about injury priorities should be tailored to specific periods and places.

Efforts to prioritize injury events and allocate limited prevention resources will ultimately benefit from additional application of the prioritization and presentation methods used here. These scoring methods make a clear case for strategically managing resources to produce focused interventions that are aimed at an objectively determined short list of leading injury priorities.

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REFERENCES

1 **Peden MM**, McGee K, Krug E. *Injury: a leading cause of the global burden of disease, 2000*. Geneva: World Health Organisation, 2002.
2 **Anonymous**. Medical expenditures attributable to injuries – United States, 2000. *MMWR Morb Mortal Wkly Rep* 2004;**53**:1–4.
3 **Finkelstein EA**, Corso PS, Miller TR, *et al. Incidence and economic burden of injuries in the United States*. New York: Oxford University Press, 2006.
4 **Hendrie D**, Miller TR. Assessing the burden of injuries: competing measures. *Injury Control and Safety Promotion* 2004;**11**:193–9.
5 **Haider AH**, Risucci DA, Omer SB, *et al*. Injury prevention priority score: a new method for trauma centers to prioritize injury prevention initiatives. *J Am Coll Surg* 2004;**198**:906–13.
6 **Vyrostek S,** Annest JL, Ryan GW. Surveillance for fatal and nonfatal injuries – United States, 2001. *MMWR Surveill Summ*, 2004 Sept 3, **53**:74–8.
7 **Mulder S**, Meerding WJ, Van Beeck EF. Setting priorities in injury prevention: the application of an incidence based cost model. *Inj Prev* 2002;**8**:74–8.
8 **Krug EG**, Sharma GK, Lozano R. The global burden of injuries. *Am J Public Health* 2000;**90**:523–6.
9 National Trauma Data Bank (version 5.0) [machine readable data file and documentation]. Chicago: American College of Surgeons, 2005.
10 **Branas CC**, MacKenzie EJ, Williams JC, *et al*. Access to trauma centers in the United States. *JAMA* 2005;**293**:2626–33.
11 **Baker SP**, O'Neill B, Haddon W, *et al*. The injury severity score: a method for describing patients with multiple injuries and evaluating emergency care. *J Trauma* 1974;**14**:187–96.
12 **Baker SP**, O'Neill B. The injury severity score: an update. *J Trauma* 1976;**16**:882–5.
13 **Centers for Disease Control and Prevention**. Recommended framework for presenting injury mortality data. *MMWR* 1997;**46**(No RR-14):1–30.
14 **Kirk RE**. *Statistics: an introduction*, 4th ed. Philadelphia: Harcourt Brace, 1999:280–3.
15 **Bureau of Labor Statistics, US Department of Labor**. Inflation calculator. Available at http://www.dol.gov/dol/topic/statistics/inflation.htm. Accessed April 11, 2006.
16 **Premature mortality in the United States: public health issues in the use of year of potential life lost**. *MMWR Morb Mortal Wkly Rep* 1986;**35**:1–11s.
17 **Arias E**. *United States life tables, 2000*, vol 51, No 3. Hyattsville, Maryland: National Center for Health Statistics, 2002.
18 **Miller TR**, Finkelstein AE, Zaloshnja E, *et al*. In: Liller K, ed. Injury prevention priorities for children and adolescents: integration of research, practice, and advocacy. Washington, DC: American Public Health Association Press, 2006.
19 **American College of Surgeons**. *National Trauma Data Bank (version 5.0) reference manual: background, caveats, and resources*: Chicago: American College of Surgeons, 2005.
20 **Nance ML**, Denysenko L, Durbin DR, *et al*. The rural-urban continuum: variability in statewide serious firearm injuries in children and adolescents. *Arch Pediatr Adolesc Med* 2002;**156**:781–5.

LACUNAE

Dozens injured as cheese roll goes crackers

Twenty five people were injured at an annual cheese-rolling competition in which daredevils chase giant cheese wheels down a steep slope in western England. Dozens took part in the bizarre event at Cooper's Hill in Brockworth, Gloucestershire, before a crowd of about 3000 cheering spectators. They raced for 200 m down the slope after wheel-shaped Double Gloucester cheeses, decorated in a blue and red ribbon. Many slipped, somersaulted, and tumbled their way to the bottom during five bone-crunching races over two hours. Of the 25 people hurt, 12 were spectators, one of whom was hit by one of the hard, 4 kg, dinner plate sized cheeses used in each race, but only two people were taken to hospital for further assessment. The organisers said the number of injuries was comparatively low. ''We usually average around 30 to 40 people who need treatment'', said Jim Jones, operations training manager for St John Ambulance. ''The most serious injuries this year appear to be a dislocated finger and a possible fractured ankle.'' The unusual event has been celebrated for centuries and is thought to have its roots in a heathen festival to celebrate the return of spring.

Contributed by Ian Scott. From *The Australian*.